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COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

Name Linda Estrada
CLERKJaimeIU.S. DISTRICT COURT
NO. DIST. OF CA. S.J.

(First)

(Initial)

Prisoner Number # J25281Institutional Address PBSP. P.O. Box 7500 - Crescent City Ca.
95532UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIAJaime IGNASCIO ESTRADA

(Enter the full name of plaintiff in this action.)

vs.

C08 02801 MMC

Case No.
(To be provided by the Clerk of Court)Linda Carol Rowe MD.Pelican Bay State Prison DoctorMichael Sayre MD. CMOPelican Bay State Prison Doctor

(Enter the full name of the defendant(s) in this action)

COMPLAINT UNDER THE
CIVIL RIGHTS ACT,
Title 42 U.S.C § 1983

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies.

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement Pelican Bay State Prison

B. Is there a grievance procedure in this institution?

YES (X) NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES (X) NO ()

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

COMPLAINT

- 1 -

1. Informal appeal Appeal Log No: PBSP-FA-18-2007-11471
BYPASS

2. First formal level Appeal Log No: PBSP-FA-18-2007-11471
12/20/07 ~~2-1-08~~ partially granted

3. Second formal level Appeal Log No: PBSP-FA-18-2007-11471
12/28/07 - partially granted

4. Third formal level Appeal Log No: PBSP-FA-18-2007-11471
4-11-08 - Appeal Denied.

E. Is the last level to which you appealed the highest level of appeal available to you?

YES (X) NO ()

F. If you did not present your claim for review through the grievance procedure, explain why.

II. Parties.

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

Jaime I. Estrada # J25281

PBSP P.O. Box 7500

Crescent City Ca. 95532

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

1 Linda Carol Rowe md. at Pelican Bay State Prison
 2 C-Facility Primary Care Provider "PCP"
 3 Michael Sayre md. Chief Medical Officer "CMO"
 4 of Pelican Bay State Prison medical.

5 III. Statement of Claim.

6 State here as briefly as possible the facts of your case. Be sure to describe how each
 7 defendant is involved and to include dates, when possible. Do not give any legal arguments or
 8 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a
 9 separate numbered paragraph.

10 I was diagnosed with degenerate Arthritis of my
 11 Lower back, in June of 2006. I've been dealing w/
 12 severe Back pain due to the Arthritis. I was seen by the
 13 Facility Doctor Rowe, who has been down playing the
 14 severity of my Arthritis - I was Prescribed a Analgesic
 15 to Allevate the Pain - The Analgesic is not Allevating my Pain
 16 I requested to see a Specialist such as a orthopedic
 17 to review my medical file - to see if he can treat my
 18 Lower back pain. I Am constantly throwing out my back
 19 The Pain medication is not helping Dr. Rowe and the
 20 Chief medical officer Michael Sayre, has look over every
 21 Action Dr. Rowe has taken. She Refuses to Refer me to
 22 see a Specialist or to have New X-Rays taken of my Lower
 23 back - The Last X-Rays were taken over 2 yrs. ago.

IV. Relief.

24 Your complaint cannot go forward unless you request specific relief. State briefly exactly
 25 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

26 I would like to see a Specialist such as a
 27 orthopedic to review my Lower Back pain "Arthritis
 28 and To have New X-Rays taken of my Lower back
 and to receive a proper Analgesic — and Legal fees as

COMPLAINT

1 that is All I am requesting - To see a
2 Specialist for my Back and a Proper Pain Analgesic
3 and New X-Rays —
4

5 I declare under penalty of perjury that the foregoing is true and correct.
6

7 Signed this _____ day of 4 - April, 20 08
8

9 Jaime Estrada
10 (Plaintiff's signature)
11

12 Legal papers
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NO: J-25281	NAME: ESTRADA, JAMIE	CDC 128G
HOUSING: 4A4L-19R	CUST: MAX	WG/PG: D2/D
CS: 119	ETH: MEX.	MERD: 03/17/04
REL DT: MEPD 11/23/26	RC: 01/04	ACTION: INITIAL REVIEW: RET. COR & P/O D/C & B1 C/C YARD. PSYCH REVIEW. NO W/S POLICY EXPL.
BPT-TYPE: DOC #1	GPL 5.8	
DATE: 2020		

Inmate ESTRADA made a personal appearance before IV-A SHU ICC on today's date for his INITIAL REVIEW. "S" was provided 72 hours advance notification. "S" stated he was in good health and ready to proceed. "S" was initially placed into Ad/Seg on 08-02-03 at CSP-COR for the specific act of Dangerous Contraband/Poss. of Deadly WPN. "S" was assessed a 10 mo. EXP. SHU TERM with a MERD of 03-17-04. "S" CDC 114D is current and accurately documents the reasons for ASU Placement.

COMMITTEE ACTION: Comm elects to retain COR DETERMINATE SHU and establish Custody at MAX and WGP/PG at D2D eff. from 08-02-03 through MERD per PC 2933.6.

CELL/YARD REVIEW: Comm elects to place "S" on D/C STATUS based on no in cell violence & B1 C/C YARD based on minimal yard violence, none in SHU/Ad/Seg. **THE NO WARNING SHOT POLICY was explained and "S" stated he understood.** There *IS* history of Assaultive behavior. There *IS NO* history of in-cell violence. There *IS NO* history of sexual assault behavior. **NOTING:** 12-07-99 & 01-14-00; GP Yard Mutual Combat.

Refer to CDC 128G dtd. 04-29-03 for case factors.

TB CODE is 32 per 128C dtd. 04-29-03.

MENTAL HEALTH: "S" *IS NOT* a participant in the MHSDS per CDC 128C dtd. 09-10-03.


INMATE-COMMENTS-PARTICIPATION "S" AGREED with Comm's decision and appeal rights were explained. "S" stated that he is compatible with cellmate.

Restitution fine: \$N/A.

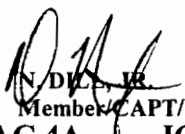
"S" next Classification will occur on 01/10/04 for Pre-MERD Review.

MB/cd

cc: I/M



D. ORTIZ
CHAIRPERSON/CDW (A):
DATE: 11-05-03



N. DAVIS, JR.
Member/CAPT/REC:
FAC 4A ICC/SHU

S. PINA
Member/SGT.
CLASSIFICATION

M. BRIGGS
Member/CCI:

S. CUMMINGS
Member/PSYD
INST: CSP-COR

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY	
TELEPHONE NO: _____ FAX NO: _____			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____			
STREET ADDRESS: _____			
MAILING ADDRESS: _____			
CITY AND ZIP CODE: _____		CASE NUMBER: _____	
BRANCH NAME: _____			
CASE NAME: _____		JUDGE: _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CIVIL CASE COVER SHEET <input type="checkbox"/> Unlimited (Amount demanded exceeds \$25,000) <input checked="" type="checkbox"/> Limited (Amount demanded is \$25,000 or less) </div> <div style="width: 45%;"> Complex Case Designation <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402) </div> </div>			

Items 1–5 below must be completed (see instructions on page 2).

1. Check **one** box below for the case type that best describes this case:

Auto Tort <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46) Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input checked="" type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other PI/PD/WD (23) Non-PI/PD/WD (Other) Tort <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (08) <input type="checkbox"/> Defamation (13) <input type="checkbox"/> Fraud (16) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-PI/PD/WD tort (35) Employment <input type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	Contract <input type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Collections (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37) Real Property <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26) Unlawful Detainer <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) Judicial Review <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400–3.403) <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41) Enforcement of Judgment <input type="checkbox"/> Enforcement of judgment (20) Miscellaneous Civil Complaint <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (not specified above) (42) Miscellaneous Civil Petition <input type="checkbox"/> Partnership and corporate governance (21) <input type="checkbox"/> Other petition (not specified above) (43)
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2. This case ☐ is ☒ is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:

a. <input type="checkbox"/> Large number of separately represented parties	d. <input type="checkbox"/> Large number of witnesses
b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve	e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court
c. <input type="checkbox"/> Substantial amount of documentary evidence	f. <input type="checkbox"/> Substantial postjudgment judicial supervision

3. Type of remedies sought (check all that apply):

a. <input type="checkbox"/> monetary	b. <input checked="" type="checkbox"/> nonmonetary; declaratory or injunctive relief	c. <input type="checkbox"/> punitive
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4. Number of causes of action (specify): _____

5. This case ☐ is ☒ is not a class action suit.

6. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)

Date: _____

Jaime I. Estrada
 (TYPE OR PRINT NAME)


 (SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a complex case, this cover sheet will be used for statistical purposes only.

Page 1 of 2

INSTRUCTIONS ON HOW TO COMPLETE THE COVER SHEET

To Plaintiffs and Others Filing First Papers

If you are filing a first paper (for example, a complaint) in a civil case, you **must** complete and file, along with your first paper, the *Civil Case Cover Sheet* contained on page 1. This information will be used to compile statistics about the types and numbers of cases filed. You must complete items 1 through 5 on the sheet. In item 1, you must check one box for the case type that best describes the case. If the case fits both a general and a more specific type of case listed in item 1, check the more specific one. If the case has multiple causes of action, check the box that best indicates the **primary** cause of action. To assist you in completing the sheet, examples of the cases that belong under each case type in item 1 are provided below. A cover sheet must be filed only with your initial paper. You do not need to submit a cover sheet with amended papers. Failure to file a cover sheet with the first paper filed in a civil case may subject a party, its counsel, or both to sanctions under rules 2.30 and 3.220 of the California Rules of Court.

To Parties in Complex Cases

In complex cases only, parties must also use the *Civil Case Cover Sheet* to designate whether the case is complex. If a plaintiff believes the case is complex under rule 3.400 of the California Rules of Court, this must be indicated by completing the appropriate boxes in items 1 and 2. If a plaintiff designates a case as complex, the cover sheet must be served with the complaint on all parties to the action. A defendant may file and serve no later than the time of its first appearance a joinder in the plaintiff's designation, a counter-designation that the case is not complex, or, if the plaintiff has made no designation, a designation that the case is complex.

CASE TYPES AND EXAMPLES**Auto Tort**

Auto (22)–Personal Injury/Property Damage/Wrongful Death
Uninsured Motorist (46) (*if the case involves an uninsured motorist claim subject to arbitration, check this item instead of Auto*)

Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort

Asbestos (04)
Asbestos Property Damage
Asbestos Personal Injury/Wrongful Death
Product Liability (*not asbestos or toxic/environmental*) (24)
Medical Malpractice (45)
Medical Malpractice–Physicians & Surgeons
Other Professional Health Care Malpractice
Other PI/PD/WD (23)
Premises Liability (e.g., slip and fall)
Intentional Bodily Injury/PD/WD (e.g., assault, vandalism)
Intentional Infliction of Emotional Distress
Negligent Infliction of Emotional Distress
Other PI/PD/WD

Non-PI/PD/WD (Other) Tort

Business Tort/Unfair Business Practice (07)
Civil Rights (e.g., discrimination, false arrest) (*not civil harassment*) (08)
Defamation (e.g., slander, libel) (13)
Fraud (16)
Intellectual Property (19)
Professional Negligence (25)
Legal Malpractice
Other Professional Malpractice (*not medical or legal*)
Other Non-PI/PD/WD Tort (35)

Employment

Wrongful Termination (36)
Other Employment (15)

Contract

Breach of Contract/Warranty (06)
Breach of Rental/Lease
Contract (*not unlawful detainer or wrongful eviction*)
Contract/Warranty Breach–Seller Plaintiff (*not fraud or negligence*)
Negligent Breach of Contract/Warranty
Other Breach of Contract/Warranty
Collections (e.g., money owed, open book accounts) (09)
Collection Case–Seller Plaintiff
Other Promissory Note/Collections Case
Insurance Coverage (*not provisionally complex*) (18)
Auto Subrogation
Other Coverage
Other Contract (37)
Contractual Fraud
Other Contract Dispute

Real Property

Eminent Domain/Inverse Condemnation (14)
Wrongful Eviction (33)
Other Real Property (e.g., quiet title) (26)
Writ of Possession of Real Property
Mortgage Foreclosure
Quiet Title
Other Real Property (*not eminent domain, landlord/tenant, or foreclosure*)

Unlawful Detainer

Commercial (31)
Residential (32)
Drugs (38) (*if the case involves illegal drugs, check this item; otherwise, report as Commercial or Residential*)

Judicial Review

Asset Forfeiture (05)
Petition Re: Arbitration Award (11)
Writ of Mandate (02)
Writ–Administrative Mandamus
Writ–Mandamus on Limited Court Case Matter
Case Matter
Writ–Other Limited Court Case Review
Other Judicial Review (39)
Review of Health Officer Order
Notice of Appeal–Labor
Commissioner Appeals

Provisionally Complex Civil Litigation (Cal. Rules of Court Rules 3.400–3.403)

Antitrust/Trade Regulation (03)
Construction Defect (10)
Claims Involving Mass Tort (40)
Securities Litigation (28)
Environmental/Toxic Tort (30)
Insurance Coverage Claims (*arising from provisionally complex case type listed above*) (41)

Enforcement of Judgment

Enforcement of Judgment (20)
Abstract of Judgment (Out of County)
Confession of Judgment (*non-domestic relations*)
Sister State Judgment
Administrative Agency Award (*not unpaid taxes*)
Petition/Certification of Entry of Judgment on Unpaid Taxes
Other Enforcement of Judgment Case

Miscellaneous Civil Complaint

RICO (27)
Other Complaint (*not specified above*) (42)
Declaratory Relief Only
Injunctive Relief Only (*non-harassment*)
Mechanics Lien
Other Commercial Complaint Case (*non-tort/non-complex*)
Other Civil Complaint (*non-tort/non-complex*)

Miscellaneous Civil Petition

Partnership and Corporate Governance (21)
Other Petition (*not specified above*) (43)
Civil Harassment
Workplace Violence
Elder/Dependent Adult Abuse
Election Contest
Petition for Name Change
Petition for Relief from Late Claim
Other Civil Petition

PROOF OF SERVICE BY MAIL

(C.C.P. Section 101(a) # 2015.5, 28 U.S.C. 1746)

I, _____, am a resident of Pelican Bay State Prison, in the County of Del Norte, State of California. I am over eighteen (18) years of age and am a party to the below named action.

My Address is: P.O. Box 7500, Crescent City, CA 95531.

On the _____ day of _____, in the year of 20____, I served the following documents: (set forth the exact title of documents served)

on the party(s) listed below by placing a true copy(s) of said document, enclosed in a sealed envelope(s) with postage thereon fully paid, in the United States mail, in a deposit box so provided at Pelican Bay State Prison, Crescent City, CA 95531 and addressed as follows:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I declare under penalty of perjury that the foregoing is true and correct.

Dated this _____ day of _____, 20____.

Signed: _____
(Declarant Signature)

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF CALIFORNIA

3 INSTRUCTIONS FOR FILING A COMPLAINT BY A PRISONER
4 UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §§ 1983

5 **I. 42 U.S.C. §§ 1983**

6 You may file an action under 42 U.S.C. §§ 1983 to challenge federal constitutional or
7 statutory violations by state actors which affect the conditions of your confinement.

8 A §§ 1983 action may not be used to challenge the length of your sentence or the validity
9 of your conviction. Such claims must be addressed in a petition for a writ of habeas corpus, on
10 the correct forms provided by the clerk of the court.

11 **II. Filing a §§ 1983 Action**

12 To file a §§ 1983 action, you must submit: (1) an original complaint and (2) a check or
13 money order for \$350.00 or an original Prisoner's In Forma Pauperis Application.

14 This packet includes a complaint form and a Prisoner's In Forma Pauperis Application.
15 When these forms are fully completed, mail the originals to: Clerk of the United States District
16 Court for the Northern District of California, 450 Golden Gate Avenue, Box 36060, San
17 Francisco, CA 94102.

18 **III. Filing Fees**

19 Under the Deficit Reduction Act of 2005, the filing fee for a § 1983 action filed on or
20 after April 9, 2006 has been increased to \$350.00 from \$250.00, to be paid at the time of filing.
21 If you are unable to pay the full filing fee at this time, you may petition the court to proceed in
22 forma pauperis, using the Prisoner's In Forma Pauperis Application in this packet. You must
23 fully complete the application and sign and declare under penalty of perjury that the facts stated
24 therein are true and correct.

25 Each plaintiff must submit his or her own Prisoner's In Forma Pauperis Application. You
26 must use the Prisoner's In Forma Pauperis Application provided with this packet and not any
27 other version.

28 **IV. Complaint Form**

You must complete the entire complaint form. Your responses must be typewritten or
legibly handwritten and you must sign and declare under penalty of perjury that the facts stated in
the complaint are true and correct. Each plaintiff must sign the complaint.

Under 42 U.S.C. §§ 1997e, you are required to exhaust your administrative remedies
before filing a §§ 1983 action; you must indicate clearly on the complaint form whether you have
done so.

1 **V. After Complaint Is Filed**

2 You will be notified as soon as the court issues any order in your case. It is your
3 responsibility to keep the court informed of any changes of address to ensure you receive court
orders. Failure to so do may result in dismissal of your action.

4 **VI. Repeat Filers**

5 If you are seeking leave to proceed in forma pauperis and, while incarcerated or detained,
6 you have filed §§ 1983 actions on three or more prior occasions which were dismissed as
frivolous, malicious, or for failure to state a claim upon which relief may be granted, you may not
7 file a new §§ 1983 action unless you are under imminent danger of serious physical injury. 28
U.S.C.
8 §§ 1915(g).

9 **VII. Inquiries and Copying Requests**

10 Because of the large volume of cases filed by inmates in this court and very limited court
resources, the court can no longer answer questions concerning the status of your case or provide
11 copies of documents, except at a charge of fifty cents (\$0.50) per page. You must therefore keep
copies of all documents submitted to the court for your own records.
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JAIME ESTRADA, J25281
CASE NO. 0719648
PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR.

A handwritten signature in black ink, appearing to read 'N. Grannis', is positioned above the typed name.

N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, PBSP
Health Care Manager, PBSP
Appeals Coordinator, PBSP
Medical Appeals Analyst, PBSP

**INMATE/PAROLEE
APPEAL FORM**
CDC 802 (12/87)

Location: Institution: **PBSP**
SECURITY HOUSING UNIT
UNIT C-2

Log No. **IA-18-2007-11471**
Category **(8) 16**
Ineffective pain
meds
C2-215

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
JAIME ESTRADA	J-25281	- - - - -	ES-102

A. Describe Problem: A YEAR AGO I WAS DIAGNOSED WITH ARTHRITIS ON MY LOWER BACK STIFFNESS AND DECREASE THE RANGE IN MOTION WITH LOWER LUMBER SPINE TENDERNESS. FOR MONTHS I BEEN HAVING CHRONIC PAIN ON MY BACK AND NUMBNESS DOWN MY LEFT LEG. WHICH KEEPS ME UP MOST OF THE NIGHT IN PAIN AND DISCOMFORT WHEN I LAY DOWN.

IN NUMEROUS OCCASSIONS I HAVE SPOKEN TO THE DOCTOR OF THE ARTHRITIS PAIN AND SYMPTOMS OF STIFFNESS. I'VE ALSO PUT IN MANY (7367) FORMS IN ORDER TO REQUEST STRONGER MEDICATION THAT WILL ALLIVATE THE PAIN AND
(2) ADDITIONAL PAGES ADDED
1 IS SUPPLEMENTAL (621117221) COPY.

If you need more space, attach one additional sheet.

B. Action Requested: TO BE PROVIDED WITH PROPER MEDICATION FOR MY CHRONIC PAIN AND TO PREVENT FURTHER DETERIORATION OF MY JOINTS. MEDICATION SUCH AS CELEBEX THAT PREVENT OR HELPS WITH INFLAMATION AND PAIN. IF PBSP IS UNABLE TO PROVIDE SUCH MEDICAL CARE THAN TO REFERE ME TO A SPECIALIST. THANK YOU!

Inmate/Parolee Signature: Jaime Estrada Date Submitted: 11/9/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

PELICAN BAY STATE PRISON
SECURITY HOUSING UNIT
UNIT C-2

RECEIVED
BY MAIL

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chron, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

RECEIVED
BY MAIL

RECEIVED
BY MAIL
11/14/2008

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

NOV 13 2007

2ND
DEC 7 2007

First Level ☐ Granted ☒ ~~P. Granted~~ ☐ Denied ☐ OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 11-13-07 Due Date: 12-28-07

Interviewed by: _____

see attached
responseStaff Signature: C. GrosseTitle: SSADate Completed: 12/20/07Division Head/Approved: MCSignature: MCTitle: CMODate to Inmate: DEC 21 2007

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

ON 12-18-07 I was reviewed by Dr. Rowe at the 1st level response at my hearing. I disagree with the Dr. Rowe's findings. my appeal was partially granted. ^{See} ~~Exhibit B~~ Exhibit B on the attached paper. I believe I am receiving insufficient medical treatment. I have multiple diagnosis that add up to one severe problem. Therefore I disagree with ~~another~~ the hearing!

Signature: C. GrosseDate Submitted: 12/20/07Second Level ☐ Granted ☒ ~~P. Granted~~ ☐ Denied ☐ OtherG. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: 12-27-07Due Date: 1-28-08☒ See Attached LetterSignature: CCDate Completed: 12-28-07Warden/Superintendent Signature: MCDate Returned to Inmate: JAN 02 2008

H. If dissatisfied, add date or reasons for requesting a Director's Level Review, and submit by mail to the third-level within 15 days of receipt of response.

I disagree with 2nd level's review. I feel my Action requested has merit. I am receiving insufficient medical treatment - how much more is my ~~me~~ Health to deteriorate before I receive sufficient treatment. I deal with chronic severe pain in my back daily. The pain is now spreading. I request new X-rays to be taken of my back. Also to see a specialist/orthopedic, and a proper Analgesic for my pain.

Signature: Jaime EstradaDate Submitted: 1/6/08

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☒ ~~Denied~~ ☐ Other☒ See Attached Letter

CDC 802 (12/87)

Date: APR 11 2008

UNIT C-2

PELICAN EXHIBIT - A.

SUPPLEMENT PAGE (602)

UNIT C-2

STIFFNESS, ALSO TO PREVENT INFLAMMATION AND FURTHER DETERIORATION OF MY JOINTS.

SINCE (2006) I HAVE ONLY BEEN GIVEN TYLENOL AND ALL THIS TIME I'VE COMPLAINED THAT IT DOES VERY LITTLE TO ALLUVIATE THE PAIN AND AT TIMES THE FLARE UP IS SO INTENSE THAT TYLENOL DOES NOTHING AT ALL SO IM LEFT HURTING REAL BAD DAY/ NIGHT.

IM INCLOSING A CIRC (7221) COPY OF PHYSICIANS ORDERS DATED 10-11-2006 WHERE ITS STATED THAT CALIBREX WOULD BE CONSIDERED FOR MY ARTHRITIS PAIN. YET, TIME AND TIME IM ONLY GIVEN TYLENOL. THERE ARE MANY AVAILABLE MEDICATIONS FOR ARTHRITIS TREATMENT THAT CAN BE PRESCRIBED TO ME FOR PAIN AND PREVENT FURTHER DAMAGE TO MY JOINTS.

I FEEL THAT FOR THE PAST YEAR I BEEN TREATED WITH DELIBERATE INDEFERENCE BY KNOWENLY NOT PROVIDING ME WITH THE PROPER MEDICAL CARE, ALLOWING MY JOINTS TO WORSEN AND THE PAIN TO INTENSIFY. IM REQUESTING BY LAW AS MANDATED IN THE MAURID CLASS ACTION LAWSUIT AND TITLE 15 RULES AND REGULATIONS (3352) (1) TO BE PROVIDED WITH PROPER MEDICATION.

I SHOULD NOT BE SUBJECTED TO LIVE EVERYDAY IN SO MUCH PAIN WHEN AVAILABLE MEDICATIONS EXIST.

ALLOWING MY JOINTS TO GET WORSEN AND THE PAIN TO INTENSIFY. IT IS MY INTENCION TO REQUEST PHSP TO ASSIST ME WITH PROVIDING ME WITH PROPER MEDICAL CARE TO ALLUVIATE MY CHRONIC PAIN.

I WISH TO RESOLVE THIS MATTER RESPECTFULLY AND AS QUICK AS POSSIBLE. I THANK YOU FOR YOUR TIME AND UNDERSTANDING...

SINCERRALLY JAIME ESTRADA J25231 1/9/08

Jaime Estrada CS-102
Phsp.

I feel, I am receiving insufficient medical treatment. I agree that the facility Dr. Rowe has prescribed some analgesics in the past, however they did not alleviate my severe chronic pain. I understand I deal with pain daily! which can be severe at times, instead of going through all the formulary medications. I feel I should be prescribed a proper Analgesic that would alleviate my chronic pain. Also I recently found out I have beginning stages of Parkinson's Disease. I don't know if this recent diagnosis, is aggravating my lower back pain? yes. I do have multiple diagnosis, on my last x-rays my Arthritis was at a mild stage of Degeneration of the L3-L4. However those x-rays were taken over 18 months ago. A lot can change since then! why hasn't the Doctor ordered new x-rays. To see if there is no change in the Arthritis. I honestly feel that the medical is not taking my diagnosis serious. The treatment I am receiving is minimal, if not insufficient! If my condition has not gotten worse let the specialist make that diagnosis, not Dr. Rowe. Also with my recent diagnosis with Parkinson's Disease, and my current rx. is not alleviating my severe chronic pain. who's to say my lower back pain is not severe, even if my Arthritis is mild. I still deal with daily chronic pain. I am just making a simple request, I would like to see a Specialist/orthopedic Doctor and to receive a proper Analgesic to alleviate my chronic pain. I don't see why this is so hard. I just want the Facility Doctor to compromise with me and ^{Nothing} ~~not~~ more. I feel at this moment I am not receiving sufficient medical treatment. And that my diagnosis is not being taken serious. I honestly feel my Arthritis in my lower back has gotten worse. in which it has spread to my upper middle back. the pain is severe and with my recent diagnosis with Parkinson's Disease my condition is consider serious. I also have not receive no type of medication for Parkinson's. I don't know how much more does my health has to deteriorate before I will receive the proper and sufficient medical treatment I am entitled to by Law - please see EXHIBIT c. the following case law will support my argument. about not

Thank You.

Plan

Plan Dt/Tm	Plan	Provider
10-11-2006 1309	X-ray of L hip and UGI series DC Reglan as it does not help Pepto-bismol prn for diarrhea Continue Tylenol 975 mg QID prn If UGI is negative , will consider Celebrex for arthritis RTC after both x-ray reports are back	ROWE, MD, LINDA

UNIT C-2

Medications

Start Dt/Tm	Medication	Strength	Rte	Freq	Duration	Provider
10-11-2006 1311	PINK BISMUTH TABLET CHEW	2 TAB	PO	PRN	45	ROWE, MD, LINDA

Tests

Order Dt/Tm	Test/Instructions	Ordered By:
10-11-2006 1312	X-RAY L hip to r/o arthritis or other pathplogy; UGI for contineds abd pain/diarrhea	ROWE, MD, LINDA

Vitals

Vital Dt/Tm	Temp (F)	Pulse	Respiration	BP	Provider
10-11-2006 1255	94.9	96	16	119/80	GONGORA, MTA, DANIEL

Noted

Noted Dt/Tm	Noted By
10-11-2006 1330	PATCH, MTA, JAMES

COPY

Confidential client information
See W & I Code, Sections 4514 and 5328

PHYSICIAN'S ORDERS

CDC #: J25281
Name(L,F,M,S): ESTRADA, JAIME

We therefore conclude that ~~the~~ deliberate indifference to "Serious medical needs of prisoners constitutes the ~~unnecessary~~ unnecessary and wanton infliction of pain" Prescribed by the Eighth Amendment. This is true whether the ~~indifference~~ indifference is manifested by prison doctors in their response to the prisoners' needs or by prison guards in intentionally delaying or denying access to medical care or intentionally interfering with the treatment once prescribed. regardless of how evidenced, deliberate indifference to a prisoner's serious illness or injury states a cause of action under section 1983."

* cite this case in your Reply.

PELICAN 2/2/2008

UNIT C-2

(McCabe v. Prison Health services. (E.D.PA. 1997) 117 f.supp.2d 443.)

The district court held that a prisoner need not present expert testimony regarding the "seriousness" of a medical condition where the severity is acknowledged by prison doctors, or would be apparent to a lay person. 117 f.supp.2d at 452

Hughes v. Joliet Corrections Center 931 F.2d 425, 428 [7th Cir. 1991]
 Evidence that medical staff treated Patient. The Plaintiff not as a
 Patient but as a "Nuisance" and were insufficiently interested
 in his health to take even minimal steps to guard against
 The Possibility that the Injury was severe

I state that this b02 appeal is true to the best
 of my knowledge and was served on the respondent within
 the 15 day guidelines. and by the Penalty of Perjury
 I state I understand and ~~swear~~ That I conclude. To
 the above.

I ~~have~~ hereby affix my signature on this
 date and time.

X Jaime Estrada
 Signature.

✓ 12-26-07 and 12:40 pm
 Date time

FIRST LEVEL SUPPLEMENTAL PAGE

First Level Reviewer's Response

PELICAN BAY STATE PRISON
UNIT C-2

RE: PELICAN BAY STATE PRISON
Appeal Log #: PBSP-IA-18-2007-11471
Inmate Name: ESTRADA, J25281

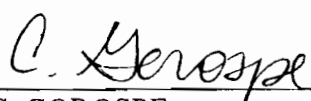
APPEAL DECISION: PARTIALLY GRANTED

APPEAL ISSUE: You filed this CDC 602 on November 9, 2007, requesting proper medication for your chronic pain and to see a specialist.

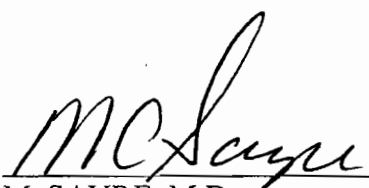
FINDINGS: Your appeal with the attachments and your requested action has received careful consideration. Cynthia Gorospe, Health Care Appeals Coordinator, conducted the First Level Appeal Review on December 19, 2007.

Dr. Rowe interviewed you on December 18, 2007. You stated to her that you need a more effective pain reliever other than Tylenol. She states you have mild degenerative changes at L3-L4 on previous back films dated June 26, 2006, which are otherwise negative x-rays. She states you have tried Motrin, Naprosyn, Voltaren and even Elavil for your chronic low back pain. You were also provided muscle relaxers for a short time. You stated that you wanted to be pain-free or get better. You were advised that arthritis is a progressive disease and that there is no one medication that will work indefinitely and there is no cure. You inquired about other medications such as Celebrex and were told that this medication is not on the formulary and that prescriptions that are on the formulary would have to be tried first. You were also reminded that you were treated for H. pylori gastritis in 2006 and that non-steroidal anti-inflammatories (NSAIDS) are not good choices for the long-term as they affect the GI tract as well as the kidneys. You had an EGD performed in January 2007 and were found to have gastritis and GERD. You have needed proton pump inhibitor treatments and multiple stomach medications, and this process is affected by NSAIDS, so you asked to try Tylenol 975mg three times daily for your arthritis and you state it hardly affects the pain. Examination revealed that you walk well and are in no acute distress. Dr. Rowe indicates that there is no current indication for you to see a specialist for your back pain/arthritis. You were advised to do stretches and you said they do not help. Your Tylenol was discontinued because you claim it is ineffective. Dr. Rowe has prescribed Salsalate 1000mg twice a day with food. She advised you to return to the clinic in six weeks for a follow-up regarding your medication. You were advised that you need to give the medication time to be effective. Your medication issue is granted in that you have received medication in the past and are receiving new medication currently for your back pain/arthritis. Your request to see a specialist is denied as not medically necessary at this time.

DETERMINATION OF ISSUE: A thorough review of your request presented in this complaint has been completed. Based on this review, the action requested to resolve the appeal is partially granted.


C. GOROSPE
Health Care Appeals Coordinator

12/20/07
Date


M. SAYRE, M.D.
Chief Medical Officer

12/20/07
Date

A review of the PBSP list for inmates with Test of Adult Basic Education (TABE) Reading Scores of 4.0 or less indicates your Reading Grade Point Level (RGPL) is above 4.0. A review of the PBSP "Assistive Device List" reveals you do not require special accommodation to achieve effective communication.

SECOND LEVEL APPEAL RESPONSE

RE: PELICAN BAY STATE PRISON
 Appeal Log: IA-18-2007-11471
 Inmate: ESTRADA J25281

PELICAN BAY STATE PRISON
 SECOND LEVEL APPEAL
 UNIT C-2

Maureen McLean, FNP, Health Care Manager at Pelican Bay State Prison, (PBSP) reviewed this matter. Joseph Kravitz, Correctional Counselor II, conducted the Appeal at the Second Level of Review on December 27, 2007.

APPEAL ISSUE: You filed this CDC 602 on November 9, 2007, requesting proper medication for your chronic pain and to see a specialist. Your appeal with the attachments and your requested action has received careful consideration. Cynthia Gorospe, Health Care Appeals Coordinator, conducted the First Level Appeal Review on December 19, 2007. Dr. Rowe interviewed you on December 18, 2007. You stated to her that you need a more effective pain reliever other than Tylenol. She states you have mild degenerative changes at L3-L4 on previous back films dated June 26, 2006, which are otherwise negative, x-rays. She states you have tried Motrin, Naprosyn, Voltaren and even Elavil for your chronic low back pain. You were also provided muscle relaxers for a short time. You stated that you wanted to be pain-free or get better. You were advised that arthritis is a progressive disease and that there is no one medication that will work indefinitely and there is no cure. You inquired about other medications such as Celebrex and were told that this medication is not on the formulary and that prescriptions that are on the formulary would have to be tried first. You were also reminded that you were treated for H. pylori gastritis in 2006 and that non-steroidal anti-inflammatories (NSAIDS) are not good choices for the long-term as they affect the GI tract as well as the kidneys. You had an EGD performed in January 2007 and were found to have gastritis and GERD. You have needed proton pump inhibitor treatments and multiple stomach medications, and this process is affected by NSAIDS, so you asked to try Tylenol 975mg three times daily for your arthritis and you state it hardly affects the pain. Examination revealed that you walk well and are in no acute distress. Dr. Rowe indicates that there is no current indication for you to see a specialist for your back pain/arthritis. You were advised to do stretches and you said they do not help. Your Tylenol was discontinued because you claim it is ineffective. Dr. Rowe has prescribed Salsalate 1000mg twice a day with food. She advised you to return to the clinic in six weeks for a follow-up regarding your medication. You were advised that you need to give the medication time to be effective. Your medication issue is granted in that you have received medication in the past and are receiving new medication currently for your back pain/arthritis. Your request to see a specialist is denied as not medically necessary at this time.

FINDINGS: A review of your appeal, including staff's efforts to resolve the appeal at the informal level and at the first formal level, together with your responses, has been completed. All submitted documentation and supporting arguments of the appellant have been considered. I, M. McLean, FNP, Health Care Manager, was assigned to investigate your allegations. J. Kravitz, CC II, reviewed your appeal and responses on December 27, 2007. You requested a second level review of this appeal on December 26, 2007. You stated you disagreed with Dr. Rowe's findings and that you feel you are receiving insufficient treatment. Your lumbar x-rays dated June 2006 revealed you had mild degenerative arthritic changes. You claim to be having increased daily pain and feel the medication you have been prescribed is not working. You are asking to see an orthopedic specialist for an evaluation to receive proper pain medication. As noted above, your provider has determined that a referral to an orthopedic consultant is not medically indicated at this time. Your provider last saw you on December 18, 2007. At that visit she prescribed Salsalate 1000mg twice per day with food. She also advised you to do stretching exercises daily to help with your back pain. Dr. Rowe requested to re-evaluate you in six weeks to evaluate the effectiveness of the new medication. It is important that you take the medication as prescribed. The second level of review finds that the medical care you are receiving for your back pain is adequate. The Appellant is informed per Title 15 Article 8, Medical and Dental Services section 3350, Provision of Medical Care and Definitions subsection (a) The department shall only provide medical services for inmates, which are based on medical necessity and supported by outcome data as effective medical care. It

CHIEF, INMATE APPEALS BRANCH
DEPARTMENT OF CORRECTIONS
AND REHABILITATION
P.O. BOX 942883
SACRAMENTO, CA 94283-0001

C2-215

CONFIDENTIAL

APR 18 2008

- CONFIDENTIAL MAIL -

THIS LETTER WAS OPENED AND SEAF
THE PRESENCE OF THE INMATE ADD

DELIVERED BY _____ OFFICER

RECEIVED BY _____ INMATE

DATE _____

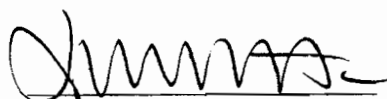
IA-18-2007-11471
ESTRADA J25281
Page 2

is noted that your provider is working to find an effective medication for your pain issues. Your request for an orthopedic consultation is denied at the second level of review. The second level finds that you are receiving appropriate treatment and as such this portion of the appeal is partially granted.

DECISION: The Appeal is partially granted.

PELICAN BAY STATE PRISON
SECURITY HOUSING UNIT
UNIT C-2

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.



JOSEPH KRAVITZ
Correctional Counselor II

12-28-07

Date



MAUREEN MCLEAN, FNP
Health Care Manager

12/31/07

Date

A review of the PBSP list for inmates with Test of Adult Basic Education Reading Scores of 4.0 or less indicates your Reading Grade Point Level (RGPL) is above 4.0. A review of the PBSP "Assistive Device List" reveals you do not require special accommodation to achieve effective communication.

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

Date: APR 11 2008

In re: Jaime Estrada, J25281
Pelican Bay State Prison
P.O. Box 7000
Crescent City, CA 95531-7000

IAB Case No.: 0719648

Local Log No.: PBSP-07-11471

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner R. Pimentel, Facility Captain. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that the medical staff at Pelican Bay State Prison (PBSP) is inappropriately failing to provide him adequate pain medication for his back. The appellant contends that he has been prescribed numerous medications but none are controlling his pain. The appellant requests that his medication be changed and that he be referred to a specialist.

II SECOND LEVEL'S DECISION: The reviewer found that a comprehensive and thorough review of the appellant's appeal was conducted. The First Level of Review (FLR) noted that the appellant was examined by his primary care physician (PCP) who noted that the appellant has tried numerous pain medications and that due to his arthritis there is no one pain medication that will work indefinitely. The PCP found that there is no medical indication to support referring the appellant to a specialist at this time as there have only been mild changes on his most recent x-rays. The FLR noted that the appellant's request was reviewed by the Chief Medical Officer (CMO) who denied the request and concurred with the treatment plan that the PCP is providing the appellant. The Second Level of Review (SLR) partially granted the appeal.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: The documentation and arguments are persuasive that the appellant has failed to support his appeal issues with sufficient evidence or facts to warrant a modification of the SLR. The Director's Level of Review (DLR) finds that the appellant's request was reviewed by his PCP, and the CMO, who determined that there was no medical evidence to support changing his medication. The DLR notes that the CMO has overall responsibility for the medical care provided to the appellant and has found that the treatment he is receiving is adequate. The California Code of Regulations, Title 15, Section (CCR) 3354 establishes that only qualified medical staff shall be permitted to diagnose illness and prescribe medication and medical treatment for inmates. It is not appropriate for the appellant to self-diagnose his own medical problems and then expect a medical doctor to implement the appellant's recommendation for a course of medical treatment. The appellant's request was appropriately reviewed by licensed physicians and denied. Therefore no relief is provided at the DLR.

B. BASIS FOR THE DECISION:

CCR: 3000, 3001, 3350, 3350.1, 3354

C. ORDER: No changes or modifications are required by the Institution.

JAIME ESTRADA, J25281
CASE NO. 0719648
PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR.

A handwritten signature in black ink, appearing to read "N. Grannis", is positioned above the typed name.

N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, PBSP
Health Care Manager, PBSP
Appeals Coordinator, PBSP
Medical Appeals Analyst, PBSP

NAME: Jaime Estrada J-25281

CDC NO: J-25281 HOUSING: CZ-215

PELICAN BAY STATE PRISON
P.O. BOX 7500
CRESCENT CITY, CA. 95532

PELICAN BAY STATE PRISON
5805 Lake East Dr
Crescent City CA 95532



U.S. Northern Dist. of Ca.
280 "S" First Street, #2112
San Jose, Ca. 95112-3008